PART B - FEE(S) TRANSMITTAL

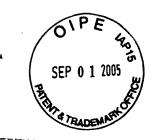
Mail Stop ISSUE FEE

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23685 7 KRIEGSMAN & 665 FRANKLIN S FRAMINGHAM,	E ADDRESS (Note: Use Block 1 for 590 05/31/2005 E KRIEGSMAN STREET MA 01702	any change of address	P 0 1 2005	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
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01 FC:2501 700.00 GP				Inre	M Treasur	(Signature)
					lang. 30, 2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/890,377	07/27/2001		Alexander Olek	. 4	81702	2009
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES.	\$700		\$0	\$700	08/31/2005
EXAMINER:		ART UN	ит С	LASS-SUBCLASS	ר ·	
FREDMAN, JEF			435-006000	_		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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			Bb. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			
			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.



Patent Attorney Docket No. 81702 Customer Number 23685

TRANSMITTAL LETTER

Inventor: Alexander Olek Serial No: 09/890,377

Filed: 7-27-01

Confirmation No. 2009

Examiner: Jeffrey Norman Fredman

Date Due: 08/31/05

For: Method of Identifying Cytosine Methylation Patterns In Genomic DNA Samples

Mail Stop Issue Fee **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith for the above-identified patent application are the following:

Issue Fee Transmittal Form A check in the amount of \$700 A return postcard

The item(s) checked below are appropriate:

1. Applicant(s) hereby petitions for a () month extension of time to respond to an dated

2. X Please charge any fees or costs not accounted for to Deposit Account No. 11-1755.

3. X Applicant is a small entity.

Date: August 30, 2005

Reg. No. 33,529

KRIEGSMAN & KRIEGSMAN 665 Franklin Street Framingham, MA 01702 (508) 879-3500

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>Quantal 30, 2005</u>

Edward M. Kriegsman